

**HAWAII STATE ETHICS COMMISSION**

1001 Bishop Street, ASB Tower Suite 970
Honolulu, Hawaii 96813
P.O. Box 616, Honolulu, Hawaii 96809
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GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)

NAME: THERESA SATO**STATE POSITION:** INS LICENSING CLERK**STATE AGENCY:** DCCA DIVISION OF INSURANCE**STATE TEL. NO.:** 808-586-2788**STATE MAILING ADDRESS:** 335 MERCHANT STREET - RM 213
HONOLULU HI 96813

1	DONOR	2	DESCRIPTION OF GIFT	3	DATE REC'D	4	GIFT VALUE	5	AGG. VALUE
	NAIC		AIRFARE (\$652.30), HOTEL (\$318.69)		05/11/2006		\$1,054.64		
			MILEAGE (\$4.60), SHUTTLE + TIP (\$31.05)		↓ ↓ ↓ ↓		↓ ↓ ↓ ↓		
			BASEBALL GAME (\$20), DINNER (\$20)		↓ ↓ ↓ ↓		↓ ↓ ↓ ↓		
			HOTEL ROOM TIPS (\$8)		↓ ↓ ↓ ↓		↓ ↓ ↓ ↓		

1	DONOR	2	DESCRIPTION OF GIFT	3	DATE REC'D	4	GIFT VALUE	5	AGG. VALUE
			'06 MAY 25 11:22						
			STATE OF HAWAII STATE ETHICS COMMISSION						

____ Check here if you have attached additional sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.



05/22/2006

SIGNATURE

DATE